

### **HEALTH PROFESSIONS DISCIPLINE — REVISED 12/15/05**

The Department of Health mission is to protect and improve the health of people in Washington State. Our goals for patient safety include:

- Assuring licensees are qualified and regulating health care provider competency
- Investigating complaints against health care providers and taking disciplinary action when needed
- Practitioner compliance with the laws
- Public access to information
- Sufficient public representation on boards and commissions

#### What we do

The Department of Health's office of Health Professions Quality Assurance (HPQA) works to promote patient safety by assuring that health care providers are practicing safely and meeting standards. HPQA credentials nearly 300,000 health care professionals in 57 professions; it investigates complaints against providers and takes disciplinary action as necessary. Governor-appointed boards and commissions oversee 34 professions; the secretary of health oversees 23 professions.

Before 1989 health professions, except the Board of Pharmacy, were regulated by the Department of Licensing.

The health department provides staff to support the work of boards and commissions with independent decision-making authority. The secretary, boards or commissions investigate complaints against practitioners and decide to close complaints or to take disciplinary action.

In the last 10 years through June 2005, the number of professions regulated increased from 42 to 57. During that time, credential holders increased 46 percent to 290,941 with continued growth of 7.7 percent projected in the 2005-2007 biennium. Complaints have increased by 75 percent to 14,027 in the same time period and are projected to grow another 4.7 percent. Professions generating 15 percent or more of all complaints were doctors, nurses, and nursing assistants. Disciplinary actions increased by 63 percent to 1,812 and are projected to grow by 11.1 percent in 2005-2007. From 1995 through June 2007, staffing increased by 18 percent.

#### Workload

In 2003-2005, HPOA:

- Issued more than 70,000 new licenses, certifications and registrations.
- Received 14,027 new complaints.
- Resolved 13,337 complaints, of which:
  - o 6,888 complaints were screened-out prior to investigation;
  - o 6,474 complaints were investigated;
    - 4,637 closed after investigation based on lack of evidence or allegations disproved;
  - o 1,812 cases resolved after litigation.
- Immediately removed or limited practice of 16 practitioners until hearing.
- Removed 531 practitioners from practice after litigation.

#### Caseload

In 2003-2005:

- 29 available investigators with an average caseload of 45.
- 14 available staff attorneys with an average caseload of 72.
- 10.4 Assistant Attorneys General with an average caseload of 105.
- 3.8 health law judges including part-time contractors with an average caseload of 35.

#### Who we are

In the 2005-2007 biennium, the HPQA office will employ 228 employees at three locations statewide. This is an increase of 13 employees from 2003-2005. Board and commission members, serving part-time, make decisions regarding who can be credentialed and how complaints will be resolved in the professions they regulate. Total board and commission membership is 143. Secretary designees make the same decisions for 23 professions. Approximately 35 HPQA employees including health law judges have delegated decision-making authority from the secretary.

In the 2005-2007 biennium the number of investigators will increase from 30 to 38. Staff attorneys will increase from 13 to 17. The number of assigned assistant attorneys general (10.4), health law judges and part-time contract judges (3.8) may remain the same. Health law judges make decisions on behalf of the secretary or preside at hearings for boards and commissions.

#### What discipline costs

Practitioners pay license fees to fund credentialing and discipline for their professions. These fees are held in the Health Professions Fund. The budget must be appropriated by the Washington State Legislature through the normal biennial budget process. The cost of discipline in the 2005-2007 biennium is estimated to be 85 percent of the total budget: \$36 of \$42 million. The Health Professions Fund balance generated from licensing fees has always exceeded authorized spending.

#### How we do it

The chart on page 4 shows the flow of the complaint and discipline process. It includes the average cumulative time to take final action in a case. The chart also indicates that caseloads are growing from the 2001-2003 to 2005-2007 biennium. Average time from intake of a complaint to resolution is also shown by the type of disciplining authority: commissions, boards or the secretary.

#### Initial Intake and Assessment

Staff reviews complaints to determine the risk of harm to the public and identifies cases requiring fast track through emergency case management teams. About half of the complaints are investigated further.

#### *Investigation*

The department has used case management teams for secretary professions since 1999 to determine whether a case requires investigation, closure or discipline. Team members include program, investigation, and legal staff. Each team meets weekly and represents the secretary in making decisions. Emergency case management teams meet as needed when immediate action is required.

Boards and commissions convene a panel to make decisions to investigate, close or discipline. Panels can meet by phone, as needed, or in person at scheduled meetings that range from every six weeks to every three months, depending on the board or commission schedule.

Investigations are carried out by agency health care investigators who have law enforcement or health care backgrounds.

#### Legal Review

If case management teams or panels decide that further action is needed, the case moves into legal review. In secretary-regulated professions, the disciplinary manager for the profession works with a staff attorney to review the evidence, determines the type of action to take, and reviews the charging documents before they are sent to the Attorney General's Office for review and signature. Boards and commissions assign a single member to serve as the "reviewing member" who works with a staff attorney to go through the same process.

The case management team also identifies cases in which an expert witness's opinion is needed. The department contracts with experts and monitors timelines for response. The expert's opinion impacts whether legal action will go forward.

#### Cases resolved informally

The informal approach is most often used when the risk to the patient is minimal or there is no pattern of conduct. It is useful for violations in which re-training is appropriate, and license suspension or revocation is not needed. In cases that result in an informal settlement proposal, a staff attorney drafts the allegations and meets with the practitioner or practitioner's attorney to develop the proposal to the disciplining authority.

#### Cases resolved formally

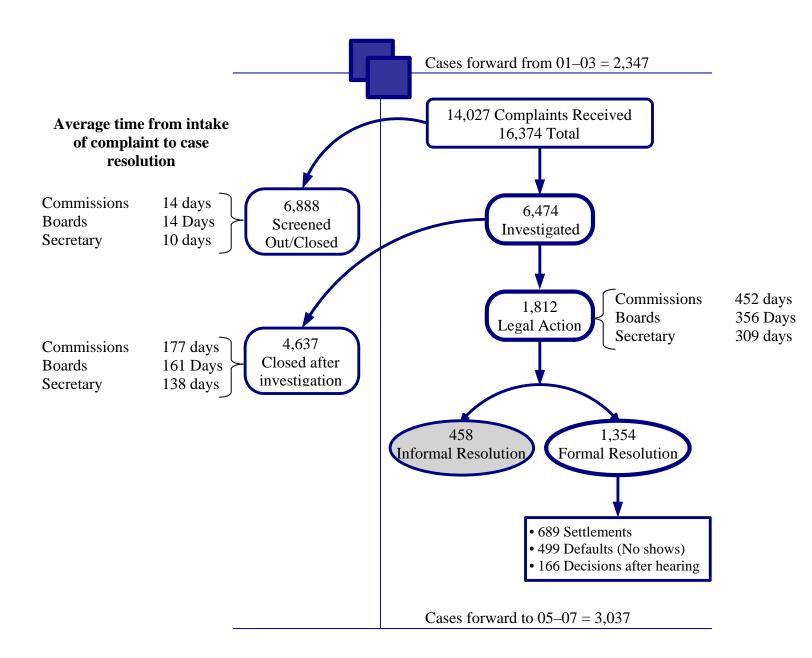
The formal process is used when the risk to patients is moderate to substantial, there is a failure to comply with prior orders, or a person cannot practice with reasonable skill and safety. Revocation is an option only when there is a formal action taken. In cases that result in a formal disciplinary Statement of Charges, a staff attorney drafts the charging document and refers it to the Attorney General's Office. The assigned assistant attorney general reviews the charging documents and investigative file and, if satisfied the evidence is sufficient, signs the charging document. The charges are served on the practitioner.

The Statement of Charges is filed with the agency Adjudicative Service Unit after it is sent to all parties. This unit serves the role of clerk of the court. A respondent has 20 days to answer a statement of charges and may request an extension of the time to answer. The request may be granted, up to 60 days, for good cause. If a respondent fails to file an answer, a default order is issued.

Most cases are resolved through settlement with agreed orders. If a case is not settled, it goes to hearing. At a pre-hearing conference, the parties identify the witnesses and exhibits to be presented at hearing. Cases in litigation in 2003-2005 were resolved as follows: 458 informal actions (25 percent); 499 defaults (28 percent); 689 settlements (38 percent); and 166 decisions after hearing with formal orders (9 percent).

Health law judges serve as presiding officers for boards and commissions. They are the secretary's designee and final decision-maker in cases in secretary-regulated professions. Health law judges also decide legal issues and motions during litigation.

## **How We Process and Resolve Complaints**



# Department of Health Health Professions Quality Assurance Credentialed Health Care Providers and Entities July 2005

RCW	Profession	Number Credentialed	Licensing/Disciplinary Authority	Renewal Fees (All in \$)
Licensed P.		050	DOH Secretary	01
			Nursing Care Quality Assurance Commission	
10.77 18 35	Audiologist	363	Board of Hearing & Speech	
18.35 18.25	Chiropractor	2 164	Chiropractic Quality Assurance Commission	190
			DOH Secretary	
8.32	Dentist	5.876	Dental Quality Assurance Commission	230
8 30	Denturist	142	Board of Denturists / DOH Secretary	1 925 *
8 34	Dispensing Optician	879	DOH Secretary	30
8 35	Hearing Instrument Fitter/Dispenser	275	Board of Hearing & Speech	25
			Nursing Care Quality Assurance Commission	
8 225	Marriage & Family Theranist	914	DOH Secretary	83
			Board of Massage/ DOH Secretary	
8 225	Mental Health Counselor	4 094	DOH Secretary	29
8.50	Midwife	90	DOH Secretary	978.75
18 36A	Naturonathic Physician	727	DOH Secretary	25
8 52	Nursing Home Administrator	447		250
8 59	Occupational Therapist	2 355	Board of Occupational Therapy Practice	90
8 59	Occupational Therapist Assistant	542	Board of Occupational Therapy Practice	65 *
8.55	Ocularist	10	DOH'S ecretary	200
8 53 .18 54	Ontometrist	1.519	Optometry Board	100
8 200	Orthotics/Prosthetics	211	DOH Secretary	20
8 57	Osteonathic Physician & Surgeon	816	Board of Osteopathic Medicine & Surgery	75
8 57Δ	Osteonathic Physician Assistant	34	Board of Osteopathic Medicine & Surgery	55
8 64	Pharmacies & Other Pharmaceutical Firms	2 786	Board of Osteopathic Medicine & Surgery	31 to 525 ***
8 64	Pharmacist	7 299	Board of Pharmacy	120
8 74	Physical Theranist	4 511	Board of Physical Therapy	25
8 71	Physician	21 173	Medical Quality Assurance Commission	310
8.71Δ	Physician Assistant	1 810		95
8 22	Podiatrist	285	Podiatric Medical Board	605
8 83	Psychologist	1 893	Examining Board of Psychology	72
			Nursing Care Quality Assurance Commission	
			DOH Secretary	
			DOH Secretary	
0.223 g 35	Speech Language Pathologist	1 281	Board of Hearing & Speech	25
18.92	Votorinarian	2 828	Veterinary Board of Governors	130
	Subtotal		veterinary board of Governors	130
Certified Pr		174,301		
		2 550	DOH Secretary	92
0.203 8 138	Diatitian/Nutritionist	1 055	DOH Secretary	02 //5
0.130 Q 125	Hoolth Caro Assistant	12 002	DOH Secretary	60 *
ο. 133 ο οολ	Nursing Assistant	25 250	. Nursing Care Quality Assurance Commission/DOH Secretary	25
0.00A	Dharmacy Tochnician	7 120	Board of Pharmacy	25
0.04A Q Q/I	Padiologic Technologist	1,120	DOH Secretary	30 *
0.04	Sov Offender Treatment Provider	152	DON Secretary	210 to 560
0.133	Subtotal		DOIT Secretary	210 10 300
Registered	Professions			
8.25	Chiropractic X-Ray Technician	217		28
			DOH Secretary	
			DOH Secretary	
			DOH Secretary	
			Veterinary Board of Governors	
8.79	Nurse Technician	508	Nursing Care Quality Assurance Commission	35
			Nursing Care Quality Assurance Commission/DOH Secretary	
			DOH Secretary	
			Board of Pharmacy	
			Board of Pharmacy	
			DOH Secretary	
			DOH Secretary	
			DOH Secretary	
U.U4	Subtotal			JU
	Grand Total			

<sup>\*</sup> Fee every two years
\*\*\* Credentialed entities